FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

2012 OCT 25 AM 11: 48

| FORM 1  | ORGANIZATION               |  |         | AIL CENTER Office Use Only      |
|---|----------------------------|--|---------|---------------------------------|
| NAME OF<br>COMMITTEE (in full)  | (Check if name is changed) | Example: If typing, type over the lines.                                   | 12FE4M5 |                                 |
| ILLINOIS DEMOCRATIC LEADERSHIP FEDERAL COMMITTEE  |                            |  |         |                                 |
| ADDRESS (number and street)   | P. O. BOX 16               | 194  |         |                                 |
| (Check if address is changed)   | PLANTATION                 |  | FL      | 33318                           |
|   |                            | СПУ  | STATE   | ZIP CODE                        |
| COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  DemocraticLeadershipCommittees@gmail.com  (Check if address is changed)  |                            |  |         |                                 |
| COMMITTEE'S WEB PAGE ADDRESS (URL)  |                            |  |         |                                 |
| (Check if address is changed)   |                            |  |         |                                 |
| 2. DATE 10 17 ' 2012 '  |                            |  |         |                                 |
| 3. FEC IDENTIFICATION NUMBER C  |                            |  |         |                                 |
| 4. IS THIS STATEMENT  | NEW (N) OR                 | AMENDED (A)  |         |                                 |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  |                            |  |         |                                 |
| Type or Print Name of Treasurer  ALEXANDER CLINTON  |                            |  |         |                                 |
| Signature of Treasurer Alexander Clinters Date 10 17 2012   |                            |  |         |                                 |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. |                            |  |         |                                 |
| Office<br>Use   |                            | For further information of Federal Election Commiss Toll Free 800-424-9530 |         | FEC FORM 1<br>(Revised 02/2009) |